



12-5-05

IPD\$

AMENDMENT TRANSMITTAL LETTER

Docket No.
03269/100M292-US3

Application No.
10/725,246-Conf. #1944

Filing Date
December 1, 2003

Examiner
S. Wang

Art Unit
1617

Applicant(s): Kenneth Newman et al.

Invention: METHOD OF TREATING ACUTE PAIN WITH IBUPROFEN AND OXYCODONE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|--|----------------------------------|--------------------------------|-----------------------------|------|--------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 18 | - 21 = | | x | |
| Independent Claims | 6 | - 6 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| Extension for response within first month | | | | | 120.00 |
| Terminal Disclaimer over U.S. Serial No. 10/925,783 | | | | | 130.00 |
| Terminal Disclaimer over U.S. Serial No. 10/861,239 | | | | | 130.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 380.00 |

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 380.00 to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

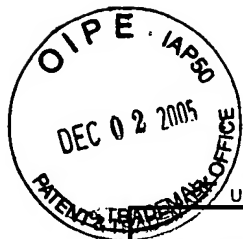
Jay P. Lessler
Attorney Reg. No.: 41,151

Dated: December 2, 2005

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7700

Express Mail Label No.

Dated: _____



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|---------------------|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/725,246-Conf. #1944 |
| | | Filing Date | December 1, 2003 |
| | | First Named Inventor | Kenneth Newman |
| | | Examiner Name | S. Wang |
| | | Art Unit | 1617 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Attorney Docket No. | 03269/100M292-US3 | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 380.00 |

| | |
|---|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input type="checkbox"/> Deposit Account | Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C. |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|--------------------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| | | | | | | Fee (\$) | Fee (\$) |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| 18 | | - 21 = | x | = | Fee (\$) | | Fee Paid (\$) |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 6 | | - 6 = | x | = | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| | - 100 = | /50 | (round up to a whole number) x | = | | | |
| 4. OTHER FEE(S) | | | | | | | |
| | | | | | | Fees Paid (\$) | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | 120.00 | |
| Other (e.g., late filing surcharge): | | | | | | 130.00 | |
| 1814 Statutory Disclaimer | | | | | | 130.00 | |
| 1814 Statutory Disclaimer | | | | | | 130.00 | |

| | | | |
|---------------------|----------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 41,151 |
| Name (Print/Type) | Jay P. Lessler | Telephone | (212) 527-7700 |
| | | Date | December 2, 2005 |

| | |
|------------------------|--------------|
| Express Mail Label No. | Dated: _____ |
|------------------------|--------------|



Application No. (if known): 10/725,246

Attorney Docket No.: 03269/100M292-US3

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

EV692135056-US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 2, 2005
Date

Signature

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

¹⁴
Amendment (~~13~~ pp.)
Amendment Transmittal (1 p.)
Fee Transmittal (1 p.)
Petition for 1-Month Extension of Time (1 p.)
Terminal Disclaimer over U.S. Serial No. 10/861,239 (1 p.)
Terminal Disclaimer over U.S. Serial No. 10/925,783 (1 p.)
Statement under 37 CFR 3.73(b) (1 p.)
Check no. 10483 in the amount of \$380.00
Return Receipt Postcard